SYSTEM RECORD OF COMPLETION

| | Form Completion Date: 5/10/16 Supplemental Page 1975 | nges Attached: 1 |
|----|--|--|
| 1. | 1. PROPERTY INFORMATION | |
| | Name of property: Thompsons Point - Cellar Door | |
| | Address: 4 Thompsons Point Rd. Portland, ME | |
| | Description of property: Winery / Bar | |
| | Name of property representative: | |
| | Address: | |
| | Phone: Fax: E-m | ail: |
| 2. | 2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFOR | MATION |
| | Installation contractor: Deblois Electric | |
| | Address: | |
| | Phone: Fax: E-m | ail: |
| | Service organization: Norris Inc. | |
| | Address: 2257 West Broadway, So. Portland, ME | |
| | Phone:883-3473 | |
| | Testing organization: Norris Inc | |
| | Address: 2257 West Broadway, So. Portland, ME | |
| | Phone: 883-3473 Fax: E-m | |
| | Effective date for test and inspection contract: | |
| | Monitoring organization: HSMC | |
| | Address: | |
| | Phone: 1-800-933-4762 Fax: E-m | ail: |
| | Account number: 202-5900 Phone line 1: | Phone line 2: |
| | Means of transmission: Digital Communicator / Digital Masterbox #2122 | |
| | Entity to which alarms are retransmitted: Portland Fire | Phone: |
| 3. | B. DOCUMENTATION | |
| | On-site location of the required record documents and site-specific software: By | FACP |
| ١. | . DESCRIPTION OF SYSTEM OR SERVICE | |
| | This is a: | mber: |
| | NFPA 72 edition: | |
| | 4.1 Control Unit | |
| | | lodel number: NFS-320 |
| | Manufacturer: Notifier (Existing) N | NO G-020 |
| | 4.2 Software and Firmware | |
| | Firmware revision number: 22 | |
| | 4.3 Alarm Verification This s | ystem does not incorporate alarm verification. |
| | | rerification set for seconds |
| | | |

| 5. SYSTEM POWER | | | | | | | | |
|----------------------------------|--|--------------------------------|-----------|---|--------------------|--------------------------|--|--|
| 5.1 Control Unit | 5.1 Control Unit | | | | | | | |
| 5.1.1 Primary Power | 5.1.1 Primary Power | | | | | | | |
| Input voltage of control p | Input voltage of control panel: 120 VAC Control panel am | | | | | | | |
| Overcurrent protection: | Overcurrent protection: Type: Circuit Breaker | | | | | | | |
| _ | Branch circuit disconnecting means location: | | | | | | | |
| | | | | | | | | |
| 5.1.2 Secondary Power | | | | | | | | |
| Type of secondary power | Type of secondary power: Existing | | | | | | | |
| Location, if remote from | the plant: | | | | | | | |
| Calculated capacity of sec | condary power to | drive the syste | m: | | | | | |
| In standby mode (hours): | | | | In ala | rm mode (minutes): | | | |
| 5.2 Control Unit | | | | | | | | |
| | | | | | | | | |
| ☐ This system does not | _ | • | | | | | | |
| Power extender panel | s are listed on sup | plementary sh | eet A | | | | | |
| 6. CIRCUITS AND PAT | HWAYS | | | | . | | | |
| Pathway Type | Dual Med | Dual Media Pathway Separate Pa | | athway | Class | Survivability Level | | |
| Signaling Line | Add to Exis | Add to Existing | | | В | 0 | | |
| Device Power | | | | | | | | |
| Initiating Device | | | | | | | | |
| Notification Appliance | 1 (Strobe) | | | | В | 0 | | |
| Other (specify): | | | | | | | | |
| | Add to exis | ting speaker | | | В | 0 | | |
| 7. REMOTE ANNUNCI | ATORS | | | | | | | |
| Туре | | | | L. | ocation | | | |
| | | | | *************************************** | | | | |
| | | | | | | | | |
| 8. INITIATING DEVICE | S | | | | | | | |
| _ | | | ssable or | | | | | |
| Type | Quantity | | entional | 1 | or Supervisory | Sensing Technology | | |
| Manual Pull Stations | 1 | Addressal | ole | Alarm | | | | |
| Smoke Detectors | | | | | | | | |
| Duct Smoke Detectors | 4 | A 3 1 | -1- | A1- | | 405 50 - 415 4 65 | | |
| Heat Detectors | 1 | Addressal | pie | Alarm | | 135 Fixed / Rate of Rise | | |
| Gas Detectors Waterflow Switches | | | | | | | | |
| | | | | | | | | |
| Tamper Switches | | | | | | | | |

| 9. NOTIFICATION APPLIANCE | CES | | | | | | |
|---|---|---------------------------------------|--|--|--|--|--|
| Туре | Quantity | Description | | | | | |
| Audible | | | | | | | |
| Visible | Visible 2 Strobe Only | | | | | | |
| Combination Audible and Visible | 5 | Speaker and Strobe | And the second s | | | | |
| 10. SYSTEM CONTROL FUN | ICTIONS | | | | | | |
| | Туре | | Quantity | | | | |
| Hold-Open Door Releasing Devices | | | | | | | |
| HVAC Shutdown | | | | | | | |
| Fire/Smoke Dampers | | | | | | | |
| Door Unlocking | | | | | | | |
| Elevator Recall | | | | | | | |
| Elevator Shunt Trip | | | | | | | |
| | | | | | | | |
| 11. INTERCONNECTED SYS ☑ This system does not have int ☐ Interconnected systems are lis 12. CERTIFICATION AND AF 12.1 System Installation Contr This system as specified herein Signed: ☐ Organization: 12.2 System Operational Test | Date:Phone: | | | | | | |
| This system as specified heroin | has tested accordin | g to all NFPA standards cited herein. | | | | | |
| Signed: //whulfle | | Printed name: Michael H Todd | Date: _5/10/2016 | | | | |
| Organization: Norric Inc | | Title: Technician | Phone: 883-3473 | | | | |
| 12.3 Acceptance Test Date and time of acceptance test: 5/10/2016 2:00PM | | | | | | | |
| Installing contractor representat | ive: | | | | | | |
| Testing contractor representative | | | | | | | |
| | | | | | | | |
| | Property representative: AHJ representative: | | | | | | |

NOTIFICATION APPLIANCE POWER PANEL SUPPLEMENTARY RECORD OF COMPLETION

| | Form Completion Da | te: 5/10/2016 | Number of Supplemental Pages Attached: 0 | | | | | |
|---|---|---------------------|--|-------------------------|--|--|--|--|
| 1. | PROPERTY INFORMATION | ON | | | | | | |
| Name of property: Bricknorth - Bissell Brothers Brewing Address: 4 Thompson Point Rd. Portland, ME | | | | | | | | |
| 2. | 2. NOTIFICATION APPLIANCE POWER EXTENDER PANELS | | | | | | | |
| | Make and Model | Location | Area Served | Power Source | | | | |
| - | Notifier FCPS-24S8 | Bissell Brew Office | Bissell / Cellar Door | PP Left of FCPS Ckt #10 | | | | |
| - | | | | | | | | |
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See Main System Record of Completion for additional information, certifications, and approvals.

SYSTEM RECORD OF COMPLETION

| | Form Completion Date: 5/10/16 Supplemental Pages Attached: 1 | | | | | | |
|----|---|--|--|--|--|--|--|
| 1. | PROPERTY INFORMATION | | | | | | |
| | Name of property: Thompsons Point - Bissell Brothers Brewing | | | | | | |
| | Address: 4 Thompsons Point Rd. Portland, ME | | | | | | |
| | Description of property: Brewery / Bar | | | | | | |
| | Name of property representative: | | | | | | |
| | Address: | | | | | | |
| | Phone: Fax: E-mail: | | | | | | |
| 2. | INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION | | | | | | |
| | Installation contractor: Deblois Electric | | | | | | |
| | Address: | | | | | | |
| | Phone: Fax: E-mail: | | | | | | |
| | Service organization: Norris Inc. | | | | | | |
| | Address: 2257 West Broadway, So. Portland, ME | | | | | | |
| | Phone: 883-3473 Fax: E-mail: | | | | | | |
| | Testing organization: Norris Inc | | | | | | |
| | Address: 2257 West Broadway, So. Portland, ME | | | | | | |
| | Phone: 883-3473 Fax: E-mail: | | | | | | |
| | Effective date for test and inspection contract: | | | | | | |
| | Monitoring organization: HSMC | | | | | | |
| | Address: | | | | | | |
| | Phone: 1-800-933-4762 Fax: E-mail: | | | | | | |
| | Account number: 202-5900 Phone line 1: Phone line 2: | | | | | | |
| | Means of transmission: Digital Communicator / Digital Masterbox #2122 | | | | | | |
| | Entity to which alarms are retransmitted: Portland Fire Phone: | | | | | | |
| 3. | DOCUMENTATION | | | | | | |
| | On-site location of the required record documents and site-specific software: By FACP | | | | | | |
| 4. | DESCRIPTION OF SYSTEM OR SERVICE | | | | | | |
| | This is a: New system Modification to existing system Permit number: | | | | | | |
| | NFPA 72 edition: | | | | | | |
| | 4.1 Control Unit | | | | | | |
| | N. 10 . 17 . 1 . 1 | | | | | | |
| | Manufacturer: Notifier (Existing) Model number: NFS-320 | | | | | | |
| | 4.2 Software and Firmware | | | | | | |
| | Firmware revision number: 22 | | | | | | |
| | 4.3 Alarm Verification | | | | | | |
| | Number of devices subject to alarm verification: 0 Alarm verification set for seconds | | | | | | |
| | | | | | | | |

| 5. SYSTEM POWER | | | | | | | | |
|----------------------------|-----------------------|------------------|-----------------------|--------|----------------------|--------------------------|--|--|
| 5.1 Control Unit | 5.1 Control Unit | | | | | | | |
| 5.1.1 Primary Power | 5.1.1 Primary Power | | | | | | | |
| Input voltage of control p | anel: _ 120 V/ | AC | | | Control panel amps: | | | |
| Overcurrent protection: 1 | Type; Circuit | Breaker | | | Amps: | | | |
| Branch circuit disconnect | ing means locat | tion: | | | Number: | | | |
| 5.1.2 Secondary Power | 5.1.2 Secondary Power | | | | | | | |
| Type of secondary power: | • | | | | | | | |
| Location, if remote from t | - | | | | | | | |
| Calculated capacity of sec | | | | | | | | |
| In standby mode (hours): | | | | In ala | rm mode (minutes): | | | |
| in standoy mode (notas). | | | | | im mous (iiiiiiiiii) | | | |
| 5.2 Control Unit | | | | | | | | |
| ☐ This system does not | have power ext | ender panels | | | | | | |
| ☑ Power extender panel | s are listed on s | upplementary sh | eet A | | | | | |
| 6. CIRCUITS AND PAT | 'HWAYS | | | | | | | |
| | | | | | | Survivability Level | | |
| Signaling Line Add to Exis | | xisting | | | В | 0 | | |
| Device Power | | | | | | | | |
| Initiating Device | | | | | | | | |
| Notification Appliance | 1 (Strobe |) | | | В | 0 | | |
| Other (specify): | | | | | | | | |
| | Add to ex | existing speaker | | | В | 0 | | |
| 7. REMOTE ANNUNCI | ATORS | | | | | | | |
| Туре | | | | L | ocation | | | |
| | | | | | | | | |
| | | | | | | | | |
| 8. INITIATING DEVICE | s | | | | | | | |
| Type | Quantity | | ssable or entional | Alarm | or Supervisory | Sensing Technology | | |
| Manual Pull Stations | 1 | Addressa | | Alarm | | | | |
| Smoke Detectors 2 Addressa | | ble | | | Photo Electric | | | |
| Duct Smoke Detectors | | | | | | | | |
| Heat Detectors 1 | | Addressa | Addressable Alam | | | 135 Fixed / Rate of Rise | | |
| Gas Detectors | | | | | | | | |
| Waterflow Switches | | | | | | | | |
| Tamper Switches | | | | | | | | |

| 9. NOTIFICATION APPLIANCE | 9. NOTIFICATION APPLIANCES | | | | | | | |
|--|----------------------------|--------------------|----------|-----------|--|--|--|--|
| Type | Quantity | Description | | | | | | |
| Audible | | | | | | | | |
| Visible | 4 | Strobe Only | | | | | | |
| Combination Audible and Visible | 8 | Speaker and Strobe | | | | | | |
| 10. SYSTEM CONTROL FUN | CTIONS | | | | | | | |
| | Туре | | Qua | intity | | | | |
| Hold-Open Door Releasing Devices | | | | | | | | |
| HVAC Shutdown | | | | ········· | | | | |
| Fire/Smoke Dampers | | | | | | | | |
| Door Unlocking | | | | | | | | |
| Elevator Recall | | | | | | | | |
| Elevator Shunt Trip | | | | | | | | |
| | | | | | | | | |
| 11. INTERCONNECTED SYS ☑ This system does not have into ☐ Interconnected systems are lis 12. CERTIFICATION AND AF 12.1 System Installation Contr This system as specified herein Signed: | | | | | | | | |
| Organization: | | Title; | Phone: | | | | | |
| 12.2 System Operational Test This system as specified herein has tested according to all NFPA standards cited herein. Signed: | | | | | | | | |
| Organization: Norric Inc | | Title: Technician | Phone:88 | 83-3473 | | | | |
| 12.3 Acceptance Test Date and time of acceptance test Installing contractor representative Testing contractor representative | | | | | | | | |
| | | | | | | | | |
| AHJ representative: | | | | | | | | |

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SYSTEM RECORD OF COMPLETION

| | Form Completion Date: 5/2/16 | Supplemental Pages Attached: | | | | | |
|------------------|--|--|--|--|--|--|--|
| 1. | PROPERTY INFORMATION | | | | | | |
| | Name of property: Brick North ******ADD TO EX | ISTING SYSTEM******** | | | | | |
| | Address: Thompson's Point | | | | | | |
| | Description of property: Multi-purpose building | | | | | | |
| | Name of property representative: n/a | | | | | | |
| | Address: n/a | | | | | | |
| | Phone: n/a Fax: n/a | E-mail: n/a | | | | | |
| 2. | INSTALLATION, SERVICE, TESTING, AND MON | TORING INFORMATION | | | | | |
| | Installation contractor: BH Milliken | | | | | | |
| | Address: 175 Anderson St. Portland, ME 04101 | | | | | | |
| | Phone: 207-879-1877 Fax: | E-mail: | | | | | |
| | Service organization: Norris, Inc | | | | | | |
| | Address: 2257 West Broadway South Portland, ME 04100 | 3 | | | | | |
| | Phone: 1-800-370-3473 Fax: n/a | E-mail: www.norrisinc.com | | | | | |
| | Testing organization: n/a | | | | | | |
| | Address: n/a | | | | | | |
| | | B-mail: n/a | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Address: | | | | | | |
| | | E-mail: n/a | | | | | |
| | Account number: 202-5900 Phone line 1: | n/a Phone line 2: n/a | | | | | |
| | Means of transmission: Digital Communicator | | | | | | |
| | Entity to which alarms are retransmitted: Portland Fire Dep | | | | | | |
| 3. | DOCUMENTATION | | | | | | |
| | On-site location of the required record documents and site-spec | rific software: At fire panel | | | | | |
| 4. | DESCRIPTION OF SYSTEM OR SERVICE | | | | | | |
| | This is a: New system Modification to existing | system Permit number: | | | | | |
| | NFPA 72 edition: 2013 | | | | | | |
| | | | | | | | |
| 4.1 Control Unit | | | | | | | |
| | Manufacturer: Notifier | Model number: NFS-320 | | | | | |
| | 4.2 Software and Firmware | | | | | | |
| | Firmware revision number: 22 | | | | | | |
| | 4.3 Alarm Verification | ☐ This system does not incorporate alarm verification. | | | | | |
| | Number of devices subject to alarm verification: 0 Alarm verification set for 0 seconds | | | | | | |
| | | ALLE SALES S | | | | | |

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SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

Gas Detectors

Waterflow Switches

Tamper Switches

n/a

1

| | 5.1 Control Unit | | | | | | |
|---|-------------------|------------------|--------------------------------|---------|--|---------------------|--|
| 5.1.1 Primary Power | ower | | | | | | |
| Input voltage of control p | anel: 120 V | 'AC | | | Control panel amps: | 3 | |
| Overcurrent protection: I | Гуре: _ Circui | t Breaker | | | Amps: 20 | | |
| Branch circuit disconnect | ing means loca | tion:n/a | | | Number: n/a | | |
| 5.1.2 Secondary Power | ı | | | | | | |
| Type of secondary power: Sealed Lead Acid | | | | | | | |
| Location, if remote from t | | fire panel | | | | | |
| Calculated capacity of sec | | | m. | | | | |
| | | | | Tu alo | | 5 | |
| In standby mode (hours): | | | | in ara | rm mode (minutes): | <u> </u> | |
| 5.2 Control Unit | | | | | | | |
| ☐ This system does not | have power ex | tender panels | | | | | |
| Power extender panel | s are listed on s | supplementary sh | eet A | | | | |
| 6. CIRCUITS AND PAT | | •• | | | | | |
| Pathway Type | - | edia Pathway | Separate | Pathway | Class | Survivability Level | |
| Signaling Line | 1 | caia i animay | n/a | duiway | В | n/a | |
| Device Power 0 | | · | n/a | | | 1170 | |
| Initiating Device | 0 | | n/a | | n/a | n/a | |
| Notification Appliance | 2 | | n/a | | n/a | n/a | |
| Other (specify): | | W 100 10 1 | | | The state of the s | | |
| | 0 | | n/a | | n/a | n/a | |
| 7. REMOTE ANNUNCIA | ATORS | | | | | | |
| Туре | | | Location | | | | |
| n/a | ** | n/a | | | | | |
| n/a | n/a | | | | | | |
| 8. INITIATING DEVICE | S | | | | | | |
| Type Quantity | | | Addressable or Conventional | | or Supervisory | Sensing Technology | |
| Manual Pull Stations | 13 | Add | iressable | Alarm | | n/a | |
| Smoke Detectors | n/a | n/a | n/a | | a | n/a | |
| Duct Smoke Detectors | 7 | Cor | Conventional | | | Photoelectric | |
| Heat Detectors | n/a | n/a | | а | n/a | | |

n/a

Conventional

Conventional

n/a

n/a

n/a

n/a

n/a

n/a



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SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES Type Quantity Description Audible n/a n/a Visible Strobes Combination Audible and Visible 13 Speaker Strobes 10. SYSTEM CONTROL FUNCTIONS Type Quantity Hold-Open Door Releasing Devices **HVAC Shutdown** n/a Fire/Smoke Dampers n/a Door Unlocking n/a Elevator Recall n/a Elevator Shunt Trip n/a 11. INTERCONNECTED SYSTEMS This system does not have interconnected systems. ☐ Interconnected systems are listed on supplementary sheet 12. CERTIFICATION AND APPROVALS 12.1 System Installation Contractor This system as specified herein has been installed according to all NFPA standards cited herein. Printed name: Signed: Date: 5/2/16 Organization: BH Milliken Title: Electriclan Phone: 207-879-1877 12.2 System Operational Test This system as specified herein has tested according to all NFPA standards cited herein. Printed name: Wade Morin Signed: Date: 5/2/16 Title: Technician Organization: Norris, Inc. Phone: 800-370-3473 12.3 Acceptance Test Date and time of acceptance test: Installing contractor representative: Testing contractor representative: Property representative:

AHJ representative: